

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
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2022 MAY 17 AM 10:43

Diguan Booker

22 CV 4024

No.

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

Sgt Flint officer Murphy
officer hobbs

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Attemp to kill me Discrimination

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Diquan</u>	<u>UNIQUE</u>	<u>Booker</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

16A1691

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Washington Correctional Facility

Current Place of Detention

72 Lock 11 lane P.O BOX 180

Institutional Address

<u>COMstock, New York</u>	<u>NY</u>	<u>12921 -0180</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced prisoner
- ☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<u>Sgt Flint</u> <u>don't wanna give me shield #</u> First Name Last Name Shield # <u>Sgt</u> <u>Flint</u> Current Job Title (or other identifying information) <u>Washington Correctional Facility</u> Current Work Address <u>COMstock 72 lock 11 lane</u> <u>PO Box 180</u> <u>NY</u> <u>12821 - 0180</u> County, City State Zip Code		
Defendant 2:	<u>Officer Murphy</u> <u>don't wanna give me shield #</u> First Name Last Name Shield # <u>Officer</u> <u>Murphy</u> Current Job Title (or other identifying information) <u>Correction Officer</u> Current Work Address <u>72 lock lane PO Box 180 COMstock NY</u> <u>12821 - 0180</u> County, City State Zip Code		
Defendant 3:	<u>Officer Hobbs</u> <u>don't wanna give me shield #</u> First Name Last Name Shield # <u>Correction Officer</u> Current Job Title (or other identifying information) <u>COMstock 72 11 lock lane PO Box 180 NY</u> Current Work Address County, City State Zip Code		
Defendant 4:	First Name Last Name Shield # Current Job Title (or other identifying information) Current Work Address County, City State Zip Code		

V. STATEMENT OF CLAIM

Place(s) of occurrence: Washington Correctional Facility

Date(s) of occurrence: 4/20/22 4/27/22 4/30/22

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 4/20/22 I was search I was called a nigger
 snitch I said what I do wrong the officer
 did not let me know all I know is that I handed
 a sgt at the other Jail a phoner Charger that a dirty bad
 correction officer gave to a blood gang member and I got
 it from him and gave it to sgt. That the reason on 4/20/22
 the officer called me a snitch I ask for shield # he did not answer
 me on 4/27/22 I was going to library and I almost
 died it was sgt Flint officer Murphy and other officers
 I there with just me I was choke untill I started shaken
 clothes was remove boots was thrown off my body hit in the
 head with boots becoming unconscious for no reason
 they did this to me officer Murphy was the one
 Choking me sgt Flint was laughing with the rest of officer
 while I was being choke and hit with my boots he seen
 me shaking and eyes closing then he let go of
 me he called me a rat nigger and said I better
 not grieve him I call outside investigation and told
 them they told me call them back if retaliation
 it was a inmate punch me in the head ^{4/30/22} in front of

officer hobbs hobbs ~~started~~ laughing
 like it was funny, I called you
 outside investigation back and let them
 know it was retaliation I was punched in the
 head really hard in front of officer hobbs and
 laugh instead of helping. I went to medical
 when I got choked out and wrote to let
 them know my head hurt after blood gang
 inmate punch me, I let them know officer Murphy attempt to kill
 me and Sgt stood laughing they are trying to hurt me.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

headaches neck pain, I went
 to medical it's on record officer Murphy
 choke me attempt to take my life away from
 me, for no reason if I did something
 wrong I would have a ticket I don't have a ticket
 for doing anything wrong I want them to stop trying to hurt
 me forever.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am asking the courts to give me to award me with
 8.6 billion dollars for the pain and suffering
 the violation of my rights, for them calling me
 a nigger and the attempt on my life thank you
 this is discrimination this was attempt murder.
 and Sgt and these officer laugh like it
 funny, I could of died. These are dirty correctional
 officers and Sgt they are not good correctional officers.
 They think this is funny, They are trying to kill me.

I almost died from could
 because of them.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>May/10/22</u>		<u>Diquan Booker</u>
Dated		Plaintiff's Signature
<u>Diquan</u>	<u>unique</u>	<u>Booker</u>
First Name	Middle Initial	Last Name
<u>Washington</u>		
Prison Address		
<u>COMstock</u>	<u>NY</u>	<u>12821 -0180</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

May/10/22

WASHINGTON CORRECTIONAL FACILITY

72 LOCK 11 LANE, P.O. BOX 180
COMSTOCK, NEW YORK 12821-0180

NAME: Diguan Booker

DIN: 1641691

WASHINGTON

NEOPOST

05/11/2022

US POSTAGE \$000.73



CORRECTIONAL FACILITY
Clerk



ZIP 12821
041M11285412

UPM P3
SDNY

United States District
Court Southern District
of New York
Daniel Patrick
Moynihan United States
Courthouse 500 Pearl Street Room
230 WY 10007

Dear Court May
Can't go to get 12200t
copies because
the correction
Officers almost
made me die there
so I can't go get
copies sorry about that
I almost died because of
From
Diguan Booker
1641691